The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800214   CITY OR TOWN   NEW BEDFORD

APPLICATION FOR RENEWAL: Seasonal   LICENSED FOR 2013
                                                            CLASS   YEAR

LICENSEE NAME: MWTP RESTAURANT VENTURES,INC.

DOING BUSINESS A DAVY'S TIKI BAR

ADDRESS 1480 EAST RODNEY FRENCH BOULEVARD

CITY/TOWN: NEW BEDFORD   STATE: MA   ZIP CODE: 02740

MANAGER: DOLINSKY,JEFFREY   TYPE OF LICENSE: Restaurant   CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

AN AREA APPROX.3,000 SQ.FT. WHICH WILL BE ENCLOSED BY A 4 FT HIGH JERSEY BARRIER,WITH BREAKS IN THE BARRIER TO ALLOW INGRESS AND EGRESS.THE ENCLOSED AREAWILL CONTAIN A WOOD TIKI BAR STRUCTURE APPROX. 150 TO 200 SQ FT APROX.19' BY 8' WHICH WILL CONTAIN REFRIGERATION, SINKS, AND A LOCKED STORAGE AREA TO MAINTAIN ALCOHOL AND 4 TO 6 TABLES FOR DINING. THE ENCLOSED AREA WILL BE LOCATED ON THE EAST SIDE OF THE PARKING LOT NUMBERED 1480S EAST RODNEY FRENCH BLVD.PREMISES TO INCREASE THE SIZE OF THE OUTDOOR SEATING AREA FROM APPROX 2,000 SQ. FT. TP 3000 SQ FT EMC;PSED BY A 4' HIGH JERSEY BARRIER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:
                        Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
                                                        (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below: LOCAL LICENSING AUTHORITY
APPROVED: ☐   By:
DISAPPROVED: ☐
(If disapproved explain)

DATE: